

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90403 036 \*\*\*150.00

DOCUMENT # P99000076663

1. Entity Name  
JOHN ABERNETHY, M.D., P.A.



Principal Place of Business  
1026 S.W. 2ND. AVE., STE. B  
STE B  
GAINESVILLE, FL 32601

Mailing Address  
1026 S.W. 2ND. AVE., STE. B  
STE B  
GAINESVILLE, FL 32601

**50012389**



2. Principal Place of Business  
1026 SW 2 Ave

3. Mailing Address  
1026 SW 2 Ave

04052006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.  
Suite B

Suite, Apt. #, etc.  
Suite B

4. FEI Number  
59-3589146

Applied For  
Not Applicable

City & State  
Gainesville, FL

City & State  
Gainesville, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip  
32601

Country  
USA

Zip  
32601

Country  
USA

## 6. Name and Address of Current Registered Agent

ABERNETHY, JOHN M.D.  
1026 S.W. 2ND. AVE., STE. B  
GAINESVILLE, FL 32601

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ABERNETHY, JOHN - M.D.  
1026 SW 2 AVE STE B  
GAINESVILLE, FL 32601 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06 (352) 373-4107

Date

Daytime Phone #